

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF NURSING (VBON)
Perimeter Center: 9960 MAYLAND DRIVE, Suite 300
HENRICO, VIRGINIA 23233-1463
(804) 367-4515 or www.dhp.virginia.gov/nursing

**CHECKLIST INSTRUCTIONS FOR
REINSTATEMENT APPLICATION**

Check One: ☐ RN \$225 ☐ LPN \$200

Pursuant to Virginia nursing regulation [18 VAC 90-20-230](#) a Nurse whose license has lapsed for more than one (1) renewal period shall apply for license reinstatement. 🖐 **However, if your license is not active because of a suspension or revocation you must file a different (reinstatement) application.**

Note: Virginia is a *compact* state under the Nurse Licensure Compact (NLC). If your primary state of residence is a **compact** state, you must apply for licensure in your primary state of residence (compact state). If your primary state of residence is Virginia or a non-compact state, and your Virginia license has been expired for more than two years, you can apply in Virginia for reinstatement. indicate on the application your primary state of residence. **For a current list of states in the NLC and NURSYS participating states** go to: www.nursys.com/NLV/NLVJurisdictions.aspx.

✓ **REQUIREMENTS** are listed below to submit an application for Reinstatement. **Check** applicable items that are included with your application:

- ☐ **Completed Reinstatement application and required fee:** Fees must be paid by certified check, cashier's check or money order, made payable to The Treasurer of Virginia. Your application will not be reviewed or considered until you have submitted payment. Pursuant to Regulation 18VAC60-21-230(E), fees are non-refundable.
- ☐ **Completed continuing education requirements:** evidence of at least one (1) of the learning activities or courses specified in [18 VAC 90-20-221](#) during the two (2) years immediately preceding application for reinstatement. Applicable regulation regarding supporting documentation for compliance should be reviewed at: [18 VAC 90-20-222](#).

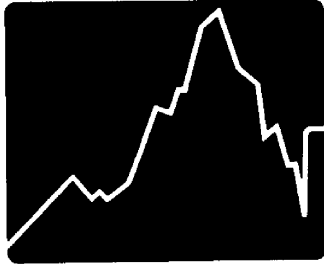
*The Board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state AND who has engaged in active practice during the period the Virginia license was lapsed. **Evidence** must be provided to request that the VBON waive CE requirements.*

- ☐ **By checking this box, I am requesting VBON consider waiving continuing education requirements** by providing **written verification** of active licensure and active practice during the time my license was expired to include:
- copy of current license (**only for non-NURSYS participating states**);
 - letter from employer on official letterhead verifying name/position/dates of employment;
 - copy of a recent pay stub with name/position/name of the medical facility.
- ☐ **Completed criminal history background check required by [Virginia Code § 54.1-3005.1](#):** You must contact the [VBON CBC unit](#) for your *Fieldprint Code* that is required to register for fingerprinting exclusively through [Fieldprint Va](#) (more information for initiating the CBC may be found at [VBON CBC Info](#)).

Additional Information:

- **The Board may request additional evidence that the nurse is prepared to resume practice in a safe, competent manner.**
- Nursing laws and regulations may be obtained at www.dhp.virginia.gov/nursing.
- Documents submitted with the application are property of the Board and cannot be returned.

PLEASE INCLUDE THIS COMPLETED INSTRUCTION CHECKLIST WITH APPLICATION



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804)367-4515 – PHONE (804) 527-4455 – FAX
web: www.dhp.virginia.gov/nursing

FOR OFFICE USE ONLY (Finance Division)**FOR OFFICE USE ONLY (BON Staff)**

Fee Paid/Check

Applicant ID #

Receipt #

Approved

Date

One:

☐ RN \$225☐ LPN \$200

APPLICATION FOR REINSTATEMENT – REGISTERED OR PRACTICAL NURSE
(RN or LPN)

I hereby make application to reinstate my nursing license in the Commonwealth of Virginia. The following information in support of my application is submitted with a **check or money order** made payable to the *Treasurer of Virginia* in the amount of **\$225 [RN] or \$200 [LPN]**. The fees are non-refundable.

Disclosure of Addresses

Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publically available complete both sections with same address.

Disclosure of Social Security or DMV Control Numbers

Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number or your control number issued by the *Virginia* Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

APPLICANT - provide the information requested below and on all pages. (Print or Type) Use full name, not initials.			Applicant Type (Check One): <input type="checkbox"/> RN <input type="checkbox"/> LPN		
Name: Last	First	Middle/Maiden	Suffix		
Address of Record (Mailing Address)	City	State	Zip	Telephone Number	
Publicly Disclosable Address	City	State	Zip	Telephone Number	
Email Address			Fax Number		
Date of Birth ____/____/____	Social Security Number or Virginia DMV Control Number*				
Virginia RN or LPN License Number	Full Name at Time of Initial Licensure			Date First License Issued	

1. Declare your Primary State of Residence: _____.(If not VA, **refer to Compact info in Instructions**).

2. Declare your state(s) of current practice: _____.

3. This question applies to any license or certificate as a registered nurse, licensed practical nurse, or nurse aide that may have been issued to you. answer **YES** or **NO** to *EACH* of the following: *(If you answer yes to any of the questions, explain in detail below and have certified copies of any applicable orders sent directly to this office.)*

- Have you ever had disciplinary action taken against your license to practice in a state or against your multi-state privilege to practice? YES ☐ NO ☐
- Has any license issued to you ever been voluntarily surrendered? YES ☐ NO ☐
- Have you ever had any of the following disciplinary actions taken against your license by any licensing authority in any jurisdiction: placed on probation, suspended, revoked or otherwise disciplined? YES ☐ NO ☐
- Has your practice ever been the subject of an investigation by any licensing authority? YES ☐ NO ☐
- Have you ever been denied a license or certification in a health related field or jurisdiction? YES ☐ NO ☐

4. Is your license in good standing in all jurisdictions where licensed? YES ☐ NO ☐ **(If no, explain below.)**

5 Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? YES ☐ NO ☐; or Are you active-duty military? YES ☐ NO ☐

6. Respond in full to the following questions. *You will need to provide documentation only if the response is different from that on your last application with this office **but you must state below that the information was previously provided.***

Answer **YES** or **NO** to each question:

- Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? YES ☐ NO ☐. **If yes, explain below** and have a **certified copy** of the court order sent directly to the Board of Nursing.
- Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice nursing? YES ☐ NO ☐. **If yes, explain below** and have a letter from your licensed treating professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.

EXPLANATIONS:

AFFIDAVIT
(To be completed before a Notary Public)

State of _____

County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a registered nurse in the Commonwealth of Virginia; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands the affidavit.

Signature of Applicant

Subscribed to and sworn to before me this _____ day of _____, _____.

My commission expires on _____.

SEAL

Signature of Notary Public

REVISED 6/30/16